

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2	1						52	
3		1					53	
4		1					54	
5		3					55	
6		3					56	
7		3					57	
8		3					58	
9		3					59	
10		3					60	
11	1						61	
12	1						62	
13		1					63	
14		1					64	
15		3					65	
16		3					66	
17		3					67	
18		3					68	
19		3					69	
20		3					70	
21	1						71	
22		1					72	
23		1					73	
24	1						74	
25	1	(1)					75	
26							76	
27	1						77	
28	1						78	
29	1						79	
30	1						80	
31	1						81	
32	1						82	
33	1						83	
34	1						84	
35		4					85	
36		2					86	
37		2					87	
38		8					88	
39		8					89	
40	1						90	
41	1						91	
42	1						92	
43	1						93	
44		4					94	
45		2					95	
46		(1)					96	
47	1						97	
48	1						98	
49		2					99	
50	1						100	
TOTAL IND.	22						TOTAL IND.	
TOTAL DEP.	76						TOTAL DEP.	
TOTAL CLAIMS	98						TOTAL CLAIMS	